



Application Data Sheet

Application Information

Application Number:: 10/519,814
Filing Date:: 12/28/04
Application Type:: Regular
Subject Matter:: Utility
Title:: Decellularized Tissue
Attorney Docket Number:: 12743/3
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 25
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?::No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Yoshiki
Family Name:: Sawa
City of Residence:: Suita-shi JPX
State or Province of Residence:: Osaka
Country of Residence:: Japan
Street of mailing address:: c/o Division of Cardiovascular Surgery
Department of Surgery (E1), Osaka
University Graduate School of Medicine
2-2, Yamadaoka

City of mailing address:: Saitama-shi
State or Province of mailing address:: Osaka
Postal or Zip Code of mailing address:: 565-0871

Applicant Authority type:: Inventor
Primary Citizenship Country: Japan
Status:: Full Capacity
2-00
Given Name:: Satoshi
Family Name:: Taketani
City of Residence:: Osaka-shi JPY
State or Province of Residence:: Osaka
Country of Residence:: Japan
Street of mailing address:: c/o Cardio, Inc.
4-15-5-302, Temma, Kita-ku

City of mailing address:: Osaka-shi
State or Province of mailing address:: Osaka
Postal or Zip Code of mailing address:: 530-0043

Applicant Authority type:: Inventor
Primary Citizenship Country: Japan
Status:: Full Capacity
3-00
Given Name:: Shigemitsu
Family Name:: Iwai
City of Residence:: Saitama-shi JPY
State or Province of Residence:: Osaka
Country of Residence:: Japan
Street of mailing address:: c/o Division of Cardiovascular Surgery
Department of Surgery (E1), Osaka
University Graduate School of Medicine

2-2, Yamadaoka

City of mailing address:: Suita-shi

State or Province of mailing address:: Osaka

Postal or Zip Code of mailing address:: 565-0871

Applicant Authority type:: Inventor

Primary Citizenship Country: Japan

Status:: Full Capacity

4-00

Given Name:: Hikaru

Family Name:: Matsuda

City of Residence:: Suita-shi JPX

State or Province of Residence:: Osaka

Country of Residence:: Japan

Street of mailing address:: c/o Division of Cardiovascular Surgery
Department of Surgery (E1), Osaka
University Graduate School of Medicine
2-2, Yamadaoka

City of mailing address:: Suita-shi

State or Province of mailing address:: Osaka

Postal or Zip Code of mailing address:: 565-0871

Applicant Authority type:: Inventor

Primary Citizenship Country: Japan

Status:: Full Capacity

5-00

Given Name:: Masayuki

Family Name:: Hara

City of Residence:: Amagasaki-shi JPX

State or Province of Residence:: Hyogo

Country of Residence:: Japan

Street of mailing address:: c/o Tissue Engineering Research Center
National Institute of Advanced Industrial
Science and Technology
3-11-46, Nakoji

City of mailing address:: Amagasaki-shi

State or Province of mailing address:: Hyogo

Postal or Zip Code of mailing address:: 661-0974

Applicant Authority type:: Inventor

Primary Citizenship Country: Japan

Status:: Full Capacity

Given Name:: Eiichiro

Family Name:: Uchimura

City of Residence:: Amagasaki-shi JPY

State or Province of Residence:: Hyogo

Country of Residence:: Japan

Street of mailing address:: c/o Tissue Engineering Research Center
National Institute of Advanced Industrial
Science and Technology
3-11-46, Nakoji

City of mailing address:: Amagasaki-shi

State or Province of mailing address:: Hyogo

Postal or Zip Code of mailing address:: 661-0974

Applicant Authority type:: Inventor

Primary Citizenship Country: Japan

Status:: Full Capacity

Given Name:: Jun

Family Name:: Miyake

City of Residence:: Amagasaki-shi J P X
State or Province of Residence:: Hyogo
Country of Residence:: Japan
Street of mailing address:: c/o Tissue Engineering Research Center
National Institute of Advanced Industrial
Science and Technology
3-11-46, Nakoji
City of mailing address:: Amagasaki-shi
State or Province of mailing address:: Hyogo
Postal or Zip Code of mailing address:: 661-0974

Correspondence Information

Name:: BRINKS HOFER GILSON & LIONE ✓
Street of mailing address:: P.O. Box 10395
City of mailing address:: Chicago
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60610
Telephone:: (312) 321-4200
Fax:: (312) 321-4299

Representative Information

Representative Customer Number: 00757

Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
---------------	------------------	----------------------	----------------------

This Application	National Stage of	PCT/JP2003/008248	6/27/2003
------------------	-------------------	-------------------	-----------

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2002-191527	6/28/2002	Yes

Assignee Information

Assignee Name:: Cardio, Inc.

Street of mailing address:: 4-15-5-302, Temma, Kita-ku

City of mailing address:: Osaka-shi

State or Province of mailing address:: Osaka

Postal or Zip Code of mailing address:: 530-0043

Assignee Name:: Tissue Engineering Research Center

National Institute of Advanced Industrial

Science and Technology

Street of mailing address:: 1-3-1 Kasumigaseki

City of mailing address:: Chiyoda-ku

State or Province of mailing address:: Tokyo

Postal or Zip Code of mailing address:: 100-8921